



2011 SUMMER PROGRAM REGISTRATION FORM

Please use a separate form for each child. To reserve your child's place,
please complete this form and submit with payment to:
Merriconeag Waldorf School, Summer Programs
57 Desert Road, Freeport, ME 04032

Child's First Name _____ Last Name _____ Gender M F
 Address _____ City _____ State _____ Zip _____
 Email #1 _____ Email #2 _____
 DOB ____/____/____ Age _____ Entering grade _____ Attended last year YES NO T-shirt size _____

How did you hear about our summer program? _____

Please select the age group and each summer program session that you are registering for. Programs run Monday through Friday, 9 am – 12 pm, except for Basketball Camp which runs 12:30 pm – 3:30 pm. If interested in a full day option, please contact Christine Sloan, administrator@merriconeag.org.

Summer Program	Ages	Tuition	Session I July 18 -22	Session II July 25 - 29	Session III August 15 - 19
Buttercup Summer Garden	Ages 3 ½ - 6	\$175			N/A
Summer Explorers Camp	Ages 6 -9 (Entering 1 – 3)	\$175			N/A
Beautiful Birds Summer Arts	Ages 9 – 12 (Entering 4 – 6)	\$175		N/A	N/A
Beautiful Birds Summer Arts	Ages 12 – 14 (Entering 6 – 8)	\$175	N/A		N/A
Fun with Fiber & Fleece Summer Craft Camp	Ages 9 – 12 (Entering 4 – 6)	\$175	N/A		N/A
Fun with Fiber & Fleece Summer Crafts Camp	Ages 12 – 14 (Entering 6 – 8)	\$175		N/A	N/A
Basketball Camp	Ages 12 – 15 (Entering 6 – 9)	\$175		N/A	N/A
Circus Arts Camp	Ages 8 – 12 (Entering 3 – 6)	\$225	N/A	N/A	

Early Childhood & Grades 1-8
 57 Desert Road, Freeport, ME 04032 ~ P: 207-865-3900 F: 207-865-6822
 High School
 83 Pineland Drive, New Gloucester, ME 04260 ~ P: 207-688-8989 F: 207-688-8992
 www.merriconeag.org

MEDICAL INFORMATION, PERMISSION & RELEASE
This is mandatory! Children cannot participate without this signed form.

Parent/Guardian Information:

First name _____ Last name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____
First name _____ Last name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____

Non-parent Emergency contact:

First name _____ Last name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____

- 1) Allergies & any special dietary needs: _____
- 2) Any severe allergies or medical issues requiring medication, please fill out our separate **Permission & Release: Administration of Medication** (this is required).
- 3) I authorize MWS summer program staff to re-apply sunscreen to exposed areas subject to sunburn: Yes ____ No ____
- 4) Behavioral or other information summer program staff should know to ensure you child has a positive experience:

- 5) Please list health insurance information and preferred emergency care facility:
Name of Insurance Co: _____ Policy No.: _____
Name of Policy Holder: _____
Emergency Care Facility: _____
Address: _____ Phone: _____

Please read & sign:

My child, _____, has permission to participate in all summer program activities. I understand that these activities may include certain risks, and I assume these risks on my own behalf and on the behalf of my child.

*I authorize MWS to administer any medications listed on the Permission & Release: Administration of Medication form and acknowledge that my child will not be provided any medication I have not authorized. I further authorize MWS to secure medical or other treatment for my child at my expense if my child is accidentally injured or taken seriously ill during the camp day.

*I authorize MWS to use my child's photo or likeness in promotional or informational materials which may be distributed to the general public.

*In consideration for my child's participation in summer program activities, on my own behalf and on the behalf of my child and our heirs, personal representatives and assigns, I hereby agree not to sue and to waive, release and discharge MWS and its affiliates, officers, directors, agents, employees, and volunteers, of and from any and all claims, causes of action, and damages, which arise out of, or are connected in any way, directly or indirectly, with my child's participation in Merriconeag Waldorf School's summer program, including, but not limited to, any claims of negligence.

Parent or Guardian Signature

Printed Name

Date